

ATTN: CERTIFICATION DEPT.

PLEASE EXPEDITE

Form PTO-140  
(3-75)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

## DEPOSIT ACCOUNT ORDER FORM

BEFORE USING THIS ORDER FORM  
read the important information on the  
reverse sideMAIL TO: Commissioner of Patents and Trademarks Date  
Washington, D.C. 20231 Nov. 13, 1991

Account No. 11-1410 Order No. LOCHT.003BMX

Name and Address of Depositor: PHONE: (714) 760-0404

ANDREW H. SIMPSON  
 KNOBBE, MARTENS, OLSON & BEAR  
 620 Newport Center Drive, Suite 1600  
 Newport Beach, CA 92660

## DESCRIPTION OF ARTICLES OR SERVICES TO BE FURNISHED

ITEM OR SERVICE	VALUE FURNISHED ACTION Off. Use

Applicant: Thomas J. Lochtefeld

URGENT

Serial No.: 577,741

PLEASE EXPEDITE

Filed: 09/04/90

For: METHOD AND APPARATUS FOR CONTAINERLESS SHEET FLOW WATER RIDES

Art/Group # 351

Please obtain one (1) certified copy of the above referenced patent application and forward to the address indicated below.

Any costs incurred in connection with this request may be charged to our Deposit

Account No.: 11-1410.

KNOBBE, MARTENS, OLSON &amp; BEAR

If additional space is needed attach separate sheet.

*Andrew H. Simpson*

(Signature)

31,469

THIS FORM MAY BE REPRODUCED WITHOUT PERMISSION OF THE PATENT AND TRADEMARK OFFICE.

FOR PROMPT, ACCURATE SHIPMENT PLEASE COMPLETE THE FOLLOWING MAILING LABEL—PLEASE PRINT OR TYPEWRITE

U.S. DEPARTMENT OF COMMERCE  
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OFFICIAL BUSINESS

RETURN AFTER FIVE DAYS

YOUR ORDER NO.

LOCHT.003BMX

NAME PATRICIA A. BORJON

KNOBBE, MARTENS, OLSON &amp; BEAR

STREET ADDRESS 620 Newport Center Drive, Suite 1600CITY, STATE, ZIP CODE Newport Beach, CA 92660

Case Docket No. LOCHT.003CP2

Date: November 4, 1992

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The fee has been calculated as shown below:

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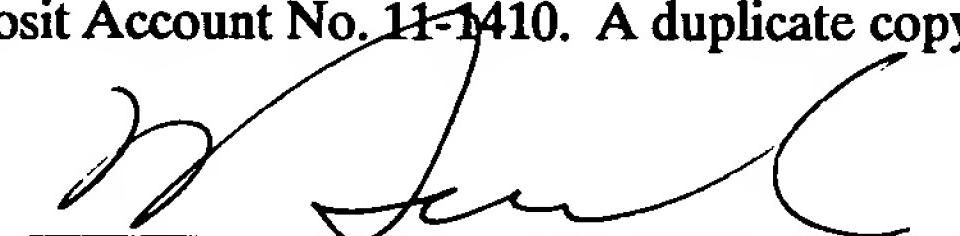
**CLAIMS AS FILED**

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<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NO. PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
Total Claims	37	MINUS	68	= 0 X \$11	= \$ 0
Independent Claims	9	MINUS	17	= 0 X \$37	= \$ 0
If application has been amended to contain multiple dependent claim(s), then add				\$115	= \$
(Select only one)			one month	\$55	= \$
Time Extension Fees:			two months	\$180	= \$
			three months	\$420	= \$420.00
			<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>		<b>\$420.00</b>

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- (X) A check in the amount of \$420.00 is attached.
- ( ) Charge \$ to Deposit Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please charge any additional fees or credit overpayment to Deposit Account No. 11-1410. A duplicate copy of this sheet is enclosed.



Attorney of Record  
William B. Bunker  
Registration No. 29,365

JJS-1566:lc

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
D	030	2	111410	30159	911202	911204	504	20.00

NO MORE TRANSACTIONS

END OF YOUR QUERY